

ROUTING AND			SHEET	
SUBJECT: (Optional)				
FROM: Chief, Operations Branch Room 906, Ames Bldg.			NO	STAT
			DATE	STAT
			5 December 1985	
TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. OLL/LD Room 7 B 24 Hqs. Bldg.				<p>Karen:</p> <p>Attached per our telecon are pertinent OPM documents dealing with disability retirement. As you can see, most of the information deals with guidance to federal agencies re processing applications for disability retirement.</p> <p>Much of the information could be confusing, if not misleading, to the layman. Would suggest that rather than forwarding the attached to the individual, you refer them to OPM for further guidance, unless he is a CIARDS retiree.</p> <p>Call if you have any questions or comments.</p>
2. ATTN: Karen				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Federal Personnel Manual System**FPM Letter 831-64**Published in advance
of incorporation in FPM
Supplement 831-1**RETAIN UNTIL SUPERSEDED****SUBJECT: Changes In Disability Retirement Program**Washington, D. C. 20415
April 3, 1981

Heads of Departments and Independent Establishments:

Purpose

This letter transmits information on recent changes in the disability retirement program resulting from recent changes in law, OPM regulations, and OPM procedures for reviewing applications. Statutory and regulatory changes apply to all applications received by OPM on or after March 5, 1981.

Discussion

1. Statutory Change. On March 13, 1981, the Office of Personnel Management published new regulations on disability retirement (See FPM Bulletin 831-111, dated April 1, 1981.) These regulations implement the change in the definition of "disabled" and "disability" contained in P.L. 96-499. The same change in definition was previously proposed by OPM as a regulatory change on August 12, 1980. Under the revised definition, an applicant must not only be disabled for service in his/her current position, but also be disabled for service in for any vacant position at the same grade or pay in the same commuting area within the agency.

If an employee who otherwise would be eligible for disability retirement initiates an application, the agency, or independent administrative authority within the agency, must review all vacant positions under its jurisdiction, at the same grade or pay level and tenure and in the same commuting area, to determine if the employee meets the minimum qualification standards. In the event the agency is successful in reassigning the employee, it shall return the disability retirement application and supporting documents to the employee. If the agency locates one or more positions which meet the above description, but the employee refuses an offer of reassignment, or the agency chooses not to reassign the employee, the agency must identify the position and give the reason reassignment was not effected. An employee's refusal of an offer of reassignment to a position at the same grade or pay level in the same commuting area terminates the agency's obligation to identify any other vacant position. Attachment 1, OPM Form 1462, is a facsimile form for agency use in making this certification. The employee must be given a copy of this certification, and another copy will accompany the SF 2801.

Under very limited circumstances, the agency may decide not to offer a vacant position to an employee who meets the qualification standards. Appropriate situations include selection of another employee with a priority placement right, nonselection because of inability to meet medical qualification requirements, nonselection because some critical elements of the new position are the same as the present position, or nonselection because an adverse action

Inquiries: Compensation Group, Advisory Services Office, (202) 632-5582

Code: 831, Retirement

Distribution: FPM Supplement 831-1

• U.S. GOVERNMENT PRINTING OFFICE: 1980-341-383 598

- g) clinical assessment of risk of injury or hazard to self or others which would arise from the performance of essential duties, and a narrative justification of the medical basis for the determination.

The above information must be in the form of a statement made by a licensed physician or physician on active duty in a uniformed service no more than 90 days prior to the date the application is received in OPM. These criteria are now attached to all denials of applications for disability benefits when the medical information submitted with the application is insufficient to permit approval. In addition, the applicant is told what information will be necessary to permit approval of the claim.

By law the reason for any application for disability retirement must be that the employee is unable to provide "useful and efficient" service because of his/her medical condition. "Useful and efficient service" means satisfactory performance, attendance, and conduct. Many applications for disability benefits are being denied because there is insufficient documentation that the applicant's performance, attendance, or conduct is less than satisfactory. Service which is not "useful and efficient" is a level of performance or attendance which, if it were to continue, would warrant denial of a within grade increase and other remedial action. The questions and answers in Attachment 3 give more detailed information on the types of medical and nonmedical information necessary for applications to be approved.

A continuing problem is the readability of documentation provided. Frequently, hand-written information is illegible or copies are too light to read. If an application is denied, any unreadable material will now be returned to the applicant.

Agencies are strongly encouraged to carefully review potential applications to assure that they are fully documented before the application is submitted to OPM. Federal medical officers, occupational health resources, and coordinators for handicapped programs need to be fully involved to assure that all reasonable steps are taken to retain the employee and sufficient documentation is included of these attempts. Even though an employee may always submit additional documentation in a request for reconsideration of the initial decision, the unavoidable delay poses a hardship on all involved.

3. Use of Sick Leave

FPM Letter 630-29 (1/28/81) reminded agencies that disability applicants should not automatically be permitted to utilize sick leave. Disability applicants need to furnish the same documentation of incapacitation that any other employee must provide. Agencies are also encouraged to take actions which permit an employee to remain in a duty status. Such actions which may

6. Result of Court Decision. As a result of the decision in Moysey v. Andrus, OPM has also revised the regulations on medical reexamination of annuitants who are age 60 and over. Under the revised regulations, any annuitant who is age 60 or over may now request medical reexamination to determine if he or she has recovered from the disabling condition on which his/her annuity is based.

7. Reemployment of Non-recovered Disability Annuitants. The recent disability retirement study conducted by OPM concluded that OPM policy discouraged the reemployment of disability annuitants by limiting such employment to temporary appointments of less than one year. This policy resulted in many annuitants being retained on disability retirement longer than was necessary. The revised disability retirement regulations now permit a disability annuitant to be reemployed in any position for which he/she is qualified, with the kind of appointment otherwise appropriate under the circumstances. The reemployed annuitant will have his/her pay offset by the amount of annuity allocable to the period of reemployment. A disability annuitant so employed may request to be found recovered at any time, and when the nature of the appointment is such that it would otherwise be subject to retirement deductions, OPM will terminate the annuity as of the date of its administrative finding of recovery and the agency shall commence retirement deductions as of the same date. OPM believes that these revised procedures will encourage reemployment among the employable disability annuitants while protecting the right to future benefits of those not fully recovered.



S. B. Pranger
Acting Deputy Director

U.S. Office of Personnel Management

CERTIFICATION OF AGENCY REASSIGNMENT EFFORTS FOR DISABILITY RETIREMENT APPLICANT

Complete this form in addition to SF 2801 and SF 2801-A in accordance with FPM Supplement 831-1.

1. Employee's Name (Last, First, Middle)	2. Length of Service (Year, Month, Day)	3. Date Assigned to Present Position
4. Are there medical retention standards for the position? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", has the employee been found medically disqualified for the position under the standards? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please explain below and attach written documentation of the determination.		

5. Check one of the following statements:

- A. The employee's service is fully satisfactory as defined in the performance standards for his or her current position and reassignment is unnecessary. ☐
- B. There were no vacant positions in this agency at the same grade or pay level and tenure, within the same commuting area, for which the employee met the minimum qualification requirements, therefore, reassignment was not possible. ☐
- C. There was (were) _____ vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area, for which the employee met the minimum qualification requirements. However, the agency chose not to select the employee for the following reason(s). ☐

Position Title

Reason for Non-Selection

If the reason for non-selection is that the employee's physical or mental condition precludes reassignment to the position, written documentation must be provided in support of that determination, including a copy of the position description, the medical standards to be met and an analysis of why reassignment would create an unacceptable risk of injury or harm to the employee or others.

6. Signature and Title (Responsible Agency Personnel Official)	7. Date Signed (Month, Day, Yr.)
--	----------------------------------

REPRODUCE LOCALLY

OPM Form 1462 (2/81)

Temp.-Expires 2/82

CRITERIA FOR DISABILITY RETIREMENT

Section 831.502 of title 5, Code of Federal Regulations, sets out the conditions that must be met by an employee to be eligible for disability retirement. One of these conditions is that an employee must, while employed subject to the retirement system, have become totally disabled for useful and efficient service in his/her position, and any vacant position within the agency and the commuting area at the same grade or pay level for which he/she is qualified for reassignment. To make this determination, each claim is reviewed with attention to the following considerations:

1. Documentation of a deficiency in service with respect to performance, conduct or attendance.
2. Documentation of a medical condition - disease or injury.
3. A relationship between the service deficiency and the medical condition such that the medical condition caused the service deficiency.
4. The duration of the medical condition, both past and expected.
5. The incompatibility of the medical condition with either useful service in, or retention in the position.
6. The availability of another position, within the employing agency and commuting area, at the same grade or pay level and tenure, to which the employee is qualified for reassignment.

A determination of total disability is made when the information in the file indicates that there is a service deficiency, caused by disease or injury, of sufficient degree to preclude useful and efficient service by the employee.

OFFICE OF PERSONNEL MANAGEMENT

INFORMATION TO APPLICANTS FOR DISABILITY RETIREMENT

Your agency's review of your employment records shows that you are eligible for regular voluntary retirement. We want to be sure that you know the advantages and disadvantages of a disability retirement, which are discussed below.

1. Amount of Annuity: For you the dollar amount of your retirement annuity will be the same whether you retire on a disability annuity or whether you retire voluntarily based on your age and service. The guaranteed minimum disability annuity provision in the retirement law does not benefit an employee who has approximately 22 years of Federal service or who is age 60 or older.
2. Taxes: You may not be aware that there have been changes in the Internal Revenue Code. These changes, to a large extent, do away with the tax advantage that civil service disability retirees formerly received. Under current law there is no tax benefit unless the taxpayer is totally disabled for all gainful employment. Since our decision on your application must be based only on whether you are disabled for your current position, or a vacant position of equal grade or pay, a finding of disability by the Office of Personnel Management does not meet the Internal Revenue Service's requirement. If your application is based on the belief that civil service disability retirement will result in a tax advantage, we suggest that you check with your local Internal Revenue Office for current tax information.
3. Other Benefits: Other benefits, such as paid-up commercial life insurance policies, which may result from a finding of total disability, are often tied to the Social Security definition of disability. Here again, if your disability application is based on the belief that its approval will result in some other benefit, we suggest that you check with the appropriate source to find out whether a finding of disability for civil service retirement will meet the criteria.
4. Sick Leave: Whether you apply for disability retirement or voluntary retirement because of disability, you may choose either to use all (or part) of your sick leave prior to separation, if eligible -- or to have the sick leave used to extend your length of service in the annuity computation. Approval for use of sick leave is not automatically granted upon submission of an application for either type of retirement. A request for approval of sick leave must be made to your agency, and you must provide them with such evidence of your incapacitation (usually a detailed medical certification) as they may require. Even if sick leave is approved, your agency may periodically request additional evidence of continued incapacitation, particularly during the period of sick leave prior to voluntary retirement because of disability or prior to the approval of disability retirement.

QUESTIONS AND ANSWERS ON DISABILITY RETIREMENT

Q-1. What is the difference among the terms "essential elements" for disability retirement, "critical elements" for performance appraisal purposes, and "grade-controlling function" for classification purposes?

A-1. None, for disability retirement purposes. If an employee is not performing satisfactorily in a critical or essential element or not performing a grade-controlling duty satisfactorily, his/her service is not "useful and efficient" as that term is used in the disability retirement regulations.

Q-2. What constitutes acceptable documentation that an employee's service is not "useful and efficient?"

A-2. The agency must identify the essential functions of the employee's position, and which of these the employee is unable to perform. It must document the employee's deficiencies by providing information such as current and past performance appraisals, or statements describing specific instances of unsatisfactory performance, conduct, or attendance. Any decisions to deny an employee a within-grade increase or take an adverse action against the employee should also be included. If unsatisfactory performance is based on the employee's absence from work, the agency must produce any documents which show that the absences were caused by the alleged disabling condition. The above documents may be attached to the SF 2801-A.

Q-3. What is the effect of granting a within-grade increase to General Schedule employee?

A-3. The criteria for a within-grade increase is performance at an "acceptable level of competence," or equivalent term such as fully successful or fully satisfactory as used by the agency. Performance prior to the granting of a within-grade increase must, therefore, be presumed to have been "useful and efficient."

Q-4. What may an agency do if it is unsure whether an employee will be able to perform satisfactorily in a vacant position?

A-4. If there is any doubt about the employee's ability to perform in another position, the agency may detail the employee to the position for a trial period before effecting a reassignment.

Q-5. What constitutes "reasonable accommodation" to the employee's medical condition?

A-5. Reasonable accommodation is any action which the agency would be obligated to take under the Rehabilitation Act of 1973. (29 U.S.C. § 701 et seq.) Reasonable accommodation obligations apply both to the employee's current position and to any vacant position to which the employee could be reassigned.

Q___. May an agency offer retained pay to a disabled employee?

A___. Yes. Agencies are encouraged to do so when appropriate. Appropriate uses of retained pay include retraining, or assignment to a less strenuous position when the employee is expected to recover from the disabling condition. An employee does not lose eligibility for disability retirement when he or she declines a position with retained pay.

Q___. Is an agency restricted to offering the employee positions only in the same commuting area?

A___. No. However, the refusal of an offer outside the commuting area will not affect eligibility for disability retirement.

Office of Personnel Management

FPM Letter 831-78

Federal Personnel Manual System

FPM Letter 831-78

Advance Edition 6/14/83

**SUBJECT: Civil Service Disability Retirement—Revised
Instructions and Forms**Published in advance
of incorporation in FPM**Supplement 831-1
RETAIN UNTIL SUPERSEDED**

Washington, D. C. 20415

June 23, 1983

Heads of Departments and Independent Establishments:

1. This letter transmits to agencies the text of the revised FPM Supplement 831-1, Subchapter S10, Disability Retirement, copies of the forms which will be used to collect documentation in support of disability retirement applications, and instructions for processing certain disability-related personnel actions.

2. This revision of FPM Supplement 831-1, Subchapter S10, incorporates guidance previously published in FPM Letter 831-64, dated April 3, 1981, and changes in law contained in Public Law 97-253; includes additional refinements and clarifications which have resulted from our experience in processing disability retirement applications since that letter was published; and reflects comments received from agencies and unions on a draft dated December 22, 1982.

3. This new guidance emphasizes that disability retirement is a last resort, appropriate only when there is a service deficiency caused by disease or injury, and when every reasonable effort to preserve the person's employment has failed. This emphasis reflects the requirement contained in Public Law 96-499, effective March 13, 1981, that an employee must be disabled not only for his or her current position, but also for any vacant positions at the same grade or pay, and the requirement of the Rehabilitation Act of 1973 (Public Law 93-112) that agencies reasonably accommodate to qualified handicapped employees. The guidance further reflects the Administration's commitment to employment of qualified handicapped employees, as well as to reduction of costs to the Civil Service Retirement and Disability Fund.

4. Agencies face employee health issues every day through requests for leave, accommodation, etc. When these health issues are not solvable in other ways, support of an employee's application for disability retirement may be a logical result of the initial health questions the agency has already dealt with. Thus, disability retirement questions are no different from the other types of employee health issues that agencies normally deal with. Nevertheless, some agency comments incorrectly reflected the view that the disability application process is separate from the process of resolving other health issues because the final decision is made by OPM. In resolving employee health issues, agencies have an obligation to ensure that an employee's request for a health-related benefit or special treatment is valid before it is granted. The agency should assure that it is sufficiently documented by requiring, where appropriate, sufficient information to verify that the employee's physician's diagnosis or clinical impressions are justified in accordance with standard diagnostic criteria, and that conclusions and recommendations are consistent with generally accepted medical

Inquiries: Compensation Group, Office of Pay and Benefits Policy, Advisory Services Branch**(202) 632-5582****Code: 831, Retirement****Distribution: FPM Supplement 831-1 (Advance Edition Limited)**

8. As a result of this change the following forms are obsolete:

Standard Form 2801 A, Superior Officer's Statement
Standard Form 2801 B, Physician's Statement
Standard Form 2801 C, Transmittal of Medical and Related Documents
Standard Form 2801 D, Request for Medical Records
OPM Form 1462, Certification of Agency Reassignment Efforts for Disability Retirement Applicant

9. The attached instructions on the Nature of Action Code (NOAC), the Nature of Action (NOA), the Legal Authority and the Legal Authority Code have been established for use when an agency, after determining that the employee is unable to perform successfully in his/her current position because of a medical condition, places the employee in another available vacant position within the agency and commuting area, at the same grade or pay level and tenure, or where the employee voluntarily accepts placement in a position at a lower grade or pay level, instead of retiring the employee on disability. This documentation will aid the agency in establishing and maintaining more accurate employee files because these codes will both show the action taken, and why the action was taken. This will most certainly minimize possible misinterpretation of negative inferences being drawn from the reassignment, especially to a position at a lower grade or pay level. Furthermore, the utilization of the established legal authority codes will enable OPM, for the first time, to measure the direct effects of certain statutory, regulatory, and philosophical changes made relative to disability retirement.

10. FPM Supplement 831-1, Subchapter S10, will be distributed as an FPM installment as soon as possible.



Donald J. Devine
Director

Attachments

SUBCHAPTER S10, DISABILITY RETIREMENT

	Page
S10-1. Introduction	2
S10-2. Documentation of Service Deficiency	3
S10-3. Documentation of Medical Condition	6
S10-4. Agency's Responsibility to Accommodate or Reassign Employee	8
S10-5. Is the Employee Eligible for Disability Retirement?.....	11
S10-6. Minimum Guaranteed Annuity	12
S10-7. Who May File Application?.....	12
S10-8. Time Limit on Filing Application	13
S10-9. Submitting the Application to OPM	13
S10-10. OPM Review	16
S10-11. Conditions for Continuation of Disability Annuity	18
S10-12. Conclusion	19

An application for disability retirement may be submitted to OPM up to one year after an employee's separation. (See S10-8, Time Limit on Filing Application.) The same supporting documentation is required whether or not the employee is already separated. (See S10-9, Submitting the Application to OPM.) Under limited circumstances, when an employee is unable to file his/her own application, another responsible person or the agency may do so on the employee's behalf. (See S10-7, Who May File Application?)

f. OPM reviews the application to determine whether it meets the criteria established in law and regulation. (See S10-10, OPM Review.) When the agency and applicant have met their obligations to attempt to preserve employment and provide documentation that shows retention is not possible, OPM will normally have enough documentation to act on an application for disability retirement.

g. Continued entitlement to a disability annuity is contingent upon continuation of the disability. (See S10-11, Conditions for Continuation of Disability Annuity.) Agencies are strongly encouraged to reemploy retirees who recover from their medical conditions or who, through rehabilitation, are able to return to productive employment.

S10-2. DOCUMENTATION OF A SERVICE DEFICIENCY

a. The law (5 U.S.C. 8337) authorizes a disability retirement only if OPM finds that the employee has become unable, because of disease or injury, to provide "useful and efficient service" in his/her position and is not qualified for reassignment to a vacant position "which is in the agency at the same grade or level and in which the employee would be able to render useful and efficient service." "Useful and efficient service" means fully successful performance of all the critical elements of the position, (or the equivalent for a position not covered by FPM Chapter 430) satisfactory conduct, and satisfactory attendance. A disability retirement is appropriate only when an employee's service is less than fully successful* because of a medical condition. An employee may have a service deficiency because of documented instances of poor performance or conduct, or because the employee is not at work or is not performing all essential duties of the position. An employee may have a documented medical condition, but this alone is not sufficient basis for a disability retirement to be allowed since, with or without accommodation, it may have no effect on the employee's ability to provide useful and efficient service. The following paragraphs describe the documentation necessary to establish a service deficiency.

*An individual who is separated from employment as a National Guard technician under section 709(e)(1) of title 32 by reason of a disability that disqualifies him/her from membership in the National Guard or from holding the military grade required for such employment meets the medical and service deficiency requirements for disability retirement under subsection (h) of 5 U.S.C. 8337, notwithstanding his/her ability or inability to perform in the job. The disability application will be considered under subsection (h) only after OPM has determined that the technician is not disabled under the provisions of subsection (a) of 5 U.S.C. 8337, which requires a demonstrative showing of the technician's inability to perform useful and efficient service in either the current position or another available vacant position in the agency for which she/he is qualified for reassignment.

until a record of unacceptable performance is established is neither required or desirable. Nonetheless, the employee's service is less than fully successful because of his/her inability to fulfill the requirements of his/her position. An application for disability retirement must be accompanied by the employee's position description and critical elements if the employee is in a position covered by FPM Chapter 430 or equivalent information if not under Chapter 430. If the basis for the application is risk of injury or further health impairment the agency must identify and explain the specific risk which arises from the existence of the medical condition and further explain why the risk is unacceptable.

(e) If the basis of the application is unacceptable conduct, the agency must describe specific instances of it. Any information concerning disciplinary actions based on conduct must be provided, including warnings, reprimands, and adverse personnel actions.

(f) OPM uses an employee's pay history, as recorded on the SF 2806, Individual Retirement Record, as a significant source of information about the employee's performance. Information concerning any decision to deny the employee a within-grade increase (under instructions contained in Book 531 of FPM Supplement 990-2 or any other pay system in which pay increases must be based on fully successful performance) or to take an action adverse to the employee must be provided. Similarly, the awarding of a pay increase or other recognition based on fully successful performance (including a within-grade increase to a General Schedule employee) only a short time before the employee's application for disability retirement is processed through to OPM, must be explained in sufficient detail. OPM deems this type of pay action to be a confirmation that the employee's service or performance is useful and efficient, as these terms relate to disability retirement. Likewise, OPM considers that a merit pay increase, SES bonus, or other monetary or honorary recognition based on overall performance reflects an agency certification that the employee's performance was fully successful at the time of the increase. Consequently, when the agency states that an employee's service became less than fully successful just after the employee's last pay increase based on performance, the application must show that there was a change in the employee's health status which occurred after the last pay increase. When the agency states that the employee's service became less than fully successful before the last pay increase the agency must explain the reason for granting the increase. For example, in the case of an employee who is granted a pay increase after a substantial absence from the job, the agency must clearly explain that the award of the pay increase is based on the employee's performance prior to his/her going on leave which was creditable for completion of a waiting period. If a pay increase is granted under the waiver instructions contained in Book 531 of FPM Supplement 990-2 or equivalent procedures for an employee not covered by these procedures, this fact should be clearly noted in the record.

physician. If an agency-provided examination is conducted, the result of the examination must be furnished with the application.

d. Whenever possible, the agency should have medical information reviewed by a physician in accordance with the guidelines herein. Medical documentation should be assessed by, or in coordination with, a physician to ensure that (1) the diagnosis or clinical impressions are justified in accordance with established diagnostic criteria, and (2) the conclusions and recommendations are consistent with generally accepted medical principles and practice. If this assessment results in a conclusion that the employee is suffering from a medical condition that has caused a service deficiency, then the agency's next step is to identify possible alternatives to keep the employee in a productive capacity. If the agency's review of the medical documentation does not support a conclusion that the service deficiency has been caused by the medical condition, or that the medical condition warrants restriction from critical tasks or duties of the position, the agency has no further obligation under the disability retirement program to attempt to retain the employee. However, since the definition of medical condition in the disability retirement program is narrower than the definition of handicapped employee for purposes of selective placement, the agency may still have an obligation to make reasonable efforts to accommodate a handicapped employee.

e. "Medical documentation" or "documentation of a medical condition" means a statement from an examining physician which provides the following kinds of information:

1. The history of the specific medical condition(s), including reference to findings from previous examinations, treatment, and responses to treatment.
2. The clinical findings from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination, results of any laboratory tests, x-rays, EKG's and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the result of psychological tests.
3. An assessment of the current clinical status and plans for future treatment.
4. A diagnosis.
5. An estimate of the expected date of full or partial recovery.
6. An explanation of the impact of the medical condition on activities both on and off the job.
7. An assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.

to himself/herself or the Government, the agency must exhaust all reasonable efforts to alleviate any service deficiencies through accommodation and/or reassignment before it counsels an employee to seek disability retirement or supports an employee's request for disability retirement.*

b. When an employee initiates an application for disability retirement, the employing agency must review all vacant positions under its jurisdiction, at the same grade or pay level and tenure in the commuting area, to determine if the employee meets the minimum qualification standards for any vacant position. If the agency identifies an available vacant position for which the employee is minimally qualified but has questions concerning his/her knowledge, skill, or ability to perform successfully, the agency should first detail the employee to the position. In the event the agency is successful in reassigning the employee with or without first detailing him/her, the application for disability retirement and all supporting documents should be returned to the employee since there is no eligibility for disability retirement when there is a qualifying vacancy available. If, despite the agency's decision that the employee is ineligible to apply for disability retirement the employee insists that the application be sent to OPM for a determination, the agency should submit the application and all supporting documents to OPM, together with its opposition to the application.

c. OPM prescribes no minimum time for which an employee must be given special consideration for placement in a vacant position since a reasonable attempt to place an employee depends on the facts in each individual case. Nevertheless, consideration for placement should continue at least until the agency receives OPM's notification that the disability claim has been allowed. Furthermore, placement is limited only by agency authority and can occur even after OPM's allowance of the application.

d. If the agency locates one or more vacant positions at the same grade or pay level and in the same commuting area for which the employee is qualified for reassignment, but the employee refuses reassignment, the employee's refusal terminates the agency's obligation to identify any other vacant position as an alternative to disability retirement. The agency should proceed with whatever personnel action is appropriate, since OPM will not approve an application for benefits when an employee has refused a reassignment for which he/she is qualified.

e. Under very limited circumstances, the agency may decide not to offer a vacant position to an employee who meets the qualification standards. Appropriate situations include selection of another employee with a higher priority placement right, nonselection because the medical condition precludes performance in the available vacant position, nonselection because one or more critical elements of the new position are the same as those the employee performs unsuccessfully in the present position, or nonselection because a removal action has been initiated. An agency may not decline to place an employee in a vacancy solely because better qualified candidates are available. In the

*An employee of the United States Postal Service is not qualified for reassignment if the reassignment is to a position in a different craft or is inconsistent with the terms of a collective bargaining agreement covering the employee.

A Member of Congress or a Presidential appointee who is otherwise eligible for disability retirement may be retired on his/her own application. Reassignment is not a consideration when a Member or a Presidential appointee

k. A position is at the "same pay level" if the annual rate of basic pay is equal to or greater than the annual pay of the employee's current position. Basic pay, for this purpose, includes any pay which would be included in the annuity computation. A position under a different pay system or schedule is at the "same pay level" if the representative rate (as defined in 5 CFR 536) equals or exceeds the representative rate of the employee's current position. (See also FPM Supplement 990-2, Book 536.) A change from a full-time to a part-time schedule or, for a part-time employee, a change to a schedule with a shorter tour of duty, is not considered to be at the "same pay level."

l. For the purpose of disability retirement, "tenure" means the same type of appointment as currently held by the employee. For most employees, this will mean a career appointment in the competitive service, since this is the type of appointment they currently have. For excepted service employees, it means another excepted service position with the same expectation of continued employment as they currently have.

m. "Reasonable accommodation" is any action which the agency would be obligated to take under the Rehabilitation Act of 1973. "Accommodation" means an adjustment made to a job and/or work environment that enables a qualified handicapped person to perform the duties of that position. Reasonable accommodation obligations apply both to the employee's current position and to any vacant position to which the employee could be reassigned. Reasonable accommodation may include modifying the worksite, adjusting the work schedule, restructuring the job, acquiring or modifying equipment or devices, providing interpreters, readers, or personal assistants, and reassigning or retraining the employee. (See FPM Chapter 306.) An analysis of the functional requirements of the job and a comparison of the employee's capability to perform the critical or essential elements of the job, as discussed in the Handbook of Job Analysis for Reasonable Accommodation (PMS 720B), will clearly show whether or not accommodation is possible. Therefore, if the agency has prepared a job analysis for accommodation purposes, the analysis should be submitted to OPM, together with the application and other supporting documents.

S10-5. IS THE EMPLOYEE ELIGIBLE FOR DISABILITY RETIREMENT?

a. Requirements. An employee must meet all of the following conditions to be eligible for an immediate retirement annuity because of disability:

(1) He/she must have completed at least five years of creditable civilian service.

(2) He/she must, while employed subject to the retirement system, have become unable to render useful and efficient service because of disease or injury in his/her current position, and all vacant positions in the same agency and commuting area, at the same grade or pay level and tenure, to which he/she is qualified for reassignment.

b. The actual filing or the possibility of an application for disability retirement should not be viewed as cause for the agency to either delay taking an action under Parts 351, 432, or 752 of OPM's regulations or equivalent procedures for an employee not covered by these procedures, or to otherwise frustrate the efficient management of the agency's personnel resources.

c. Agency-Filed. There are instances where the employing agency may apply for retirement on behalf of the employee. If the agency files an application for disability retirement of an employee, the application must be filed with OPM before the employee is separated from the service. The agency is not expected to file a disability retirement application for the employee unless the application is in lieu of removal, the employee is clearly unable (not simply unwilling) to file for himself/ herself, and the employee has no immediate family member or some other person who is responsible for the employee's care and custody, to file for him/her. Except when these circumstances exist, after counseling the employee concerning disability retirement, the agency is free to initiate and execute any personnel management action, adverse or otherwise, that it determines to be an appropriate utilization of its personnel.

d. Additional instructions on agency-filed applications are contained in Subpart L of Part 831 of OPM's regulations.

S10-8. TIME LIMIT ON FILING APPLICATION

(a) A claim for disability retirement may be filed with OPM before the employee is separated. A separated employee must apply within one year after separation. This time limit applies to all who apply for benefits under the disability provisions of the Civil Service Retirement law, including separated employees receiving workers' compensation under the Federal Employees Compensation Act for work related injuries (see Subchapter S7). The time limit for executing an application for retirement can be waived only in the case of an employee who is mentally incompetent on leaving the Federal service or who becomes mentally incompetent within one year thereafter. In such a situation, the application will be accepted by OPM if filed within one year from the date the employee is restored to competency or a guardian is appointed, whichever is earlier. If the agency files an application for the disability retirement of an employee, the application MUST be filed with OPM before the employee is separated from the service.

S10-9. SUBMITTING THE APPLICATION TO OPM

a. Application Form. Standard Form 2801, Application for Immediate Retirement, is the form prescribed by OPM for use when applying for retirement benefits. Any form other than SF 2801 is inappropriate.

(2) Position Description; Performance Standards; and Performance Appraisals: For OPM to make a determination as to the employee's capability to meet the demands of his/her current job or any available vacant job and the potential risks associated with his/her continued employment, the employee's position description, performance standards, critical elements, and latest performance appraisal must be submitted with the retirement application.

(3) OPM Form 1507, Checklist of Medical and Related Documents, must be used to send the Application for Immediate Retirement (SF 2801) and all supporting documentation to OPM, Civil Service Retirement System, Employee Service and Records Center, Boyers, PA 16017.

e. Withdrawing the Application.

(1) OPM will honor, without question, the employee's request to withdraw his/her application. On receipt of a withdrawal request, OPM will stop processing the disability claim involved. The employee must reapply to receive any further consideration.

(2) Whether the employee will be permitted to continue working in his/her current position, once the disability retirement application is withdrawn, is an agency matter. Agencies are reminded, however, that they have already certified, in support of the disability application, that the employee is unable to perform the critical or essential tasks of the job occupied and that there are no other available vacant positions in the agency to which the employee is qualified for reassignment. It would be inconsistent to retain the employee without some change to the conditions of his/her employment.

(3) When OPM receives a request from an employee to withdraw a disability retirement claim after the employee has been separated from the agency but before OPM takes an action to either allow or disallow the claim, OPM will stop processing the application. No further consideration will be given the application until such time as the employee may apply again and provides such documentation as is required to support a claim for disability retirement.

(4) Voluntary acceptance of a position at a lower grade or pay is deemed to be a withdrawal of an application. When an employee accepts a position at a lower grade or pay level after the application for disability is sent to OPM, the employing agency must immediately notify OPM. On receipt of the voluntary placement notice, OPM will cease processing the application involved. To receive any consideration for disability retirement from the position after reassignment, the employee must submit another retirement application together with supporting documentation.

application and supporting documents meet the criteria for disability retirement. Disallowance of an application means that the application and the supporting documentation do not meet criteria for approval. Disallowance of an application does not mean that the employee may not be disabled or that the agency may not have a problem situation to resolve, but simply that documentation fails to show that the criteria for disability retirement have been met. Notice of either an allowance or a disallowance decision will be sent to both the employee and the agency. The agency must file a notice of allowance in accordance with instructions contained in FPM Supplement 293-31.

(1) On receiving a notification of approval, the agency must not delay in establishing a date of separation in consultation with the employee. Continuation on terminal annual leave is generally inappropriate (34 Comp. Gen. 61) when it is known that the employee is to be separated. (See also 24 Comp. Gen. 511.) If the employee is on annual leave, he/she should be separated as soon as practical, but usually not later than the end of the pay period in which the notice of approval is received.

(2) If the employee has sick leave to his/her credit, the agency should consult with the employee to determine whether he/she wants to use any or all of the sick leave, or whether he/she wants to be separated immediately and have the sick leave used to extend his/her length of service in the annuity computation. The employee should either request that he/she be placed on sick leave immediately or be separated, usually not later than the end of the pay period in which the notice of approval is received. Disability applicants who request sick leave must furnish the same evidence of incapacitation as any other employee who requests sick leave.

(3) If the employee is on leave without pay, the agency should consult with the employee to select the date of separation which is most desirable or advantageous. The date selected may be the last day in a pay status occurring after the notice of approval is received or any time thereafter, but usually should be no later than the end of the pay period in which the approval is received. (See FPM Chapter 296 for guidelines on establishing effective dates.)

d. Reconsideration. An employee whose application is disallowed may request reconsideration of OPM's initial decision. The reconsideration request must be in writing and must be received in OPM within 30 calendar days after receipt of the initial decision. The notice of decision will give full instructions on how to request reconsideration. When an employee requests reconsideration of the initial decision, OPM will review the employee's retirement file and any additional evidence submitted with the request for reconsideration. A final written decision will be issued to the employee and to the agency involved.

e. Appeal. After receipt of the final reconsideration decision, the applicant may appeal this decision to the Merit Systems Protection Board within 20 days of its receipt. The reconsideration decision will give full instructions on how to appeal the decision to the appropriate field office of the Merit Systems Protection Board.

Attachment 1 to FPM Ltr. 831-78 (19)

(3) In addition to the provisions of paragraphs (1) and (2), the disability annuity of a National Guard Technician will be discontinued on the date he/she is appointed to a position in any agency of the Government or declines an offer of appointment to a vacant position in any agency of the Government, that is within the commuting area of his/her former position and is at the same or equivalent grade level.

S10-12. CONCLUSION

a. An OPM decision that awards an immediate disability retirement annuity benefit to an applicant changes the status of the individual, usually causes a separation from the employing agency, and creates a future liability against the Civil Service Retirement and Disability Trust Fund (hereinafter the Fund).

b. OPM, as administrator of the Fund, understandably has a continuing interest in the viability and integrity of the disability retirement system. Therefore, the disability retirement determination is a critical decision for both the employee and OPM. OPM, because of the substantial and potentially adverse impact on the Fund, is obligated to monitor and review its disability retirement processing procedures and disability retirement determinations to make sure that the disability retirement determination is supported by sufficient administrative and medical documentation, and to ensure that all legal and administrative requirements for disability are met.

c. As is evident from the reassignment, accommodation, and certification requirements that are now incumbent upon the agency, the activity which precedes the disability retirement process demands maximum utilization of the agency's administrative and/or personnel resources. The disability retirement determination is made only after a myriad of administrative and/or personnel actions (intended by the agency to retain the employee in a productive capacity within the agency) have failed. The agency's cooperation and adherence to the established disability retirement criteria are vital to the successful implementation and maintenance of the Civil Service disability program. Consequently, OPM will monitor the agencies' performance in this process and will carefully consider comments on the system's operation.

d. Information that a disability annuitant is not in compliance with one or more of the requirements for continuing his/her disability retirement annuity benefit should be referred to OPM for investigation and remedial action, if warranted. OPM should be notified of any activities indicating that a disability annuitant may be recovered from the disabling conditions that were present at retirement or may be restored to earning capacity. All correspondence concerning a disability annuitant should include any available identifying data, i.e., the annuitant's full name, address, civil service annuity (CSA) claim number, and social security number. This information should be sent to OPM, Civil Service Retirement System, Annuitant Services Division (Attn: Program Integrity), P.O. Box 7815, Washington, D.C. 20044, or to OPM's Office of Inspector General, 1900 E. Street, N.W., Washington D.C. 20415.

OPM Form 1503
May 1983

Documentation in Support of Disability Retirement Application

Includes Information, Instructions, and Most Necessary Forms

Introduction

You should consider applying for disability retirement only after you have provided your employing agency with complete documentation of your medical condition, and your agency has exhausted all reasonable attempts to retain you in a productive capacity, through accommodation, reassignment, etc. ("Accommodation" means an adjustment made to a job and/or work environment that enables a handicapped person to perform the duties of that position.)

If you are applying for disability retirement, you should already have received SF 2801, Application for Immediate Retirement, reviewed it carefully, and completed the application form.

The purpose of this package is to furnish you and your agency with information and forms needed to document your disability and the measures (such as accommodation, reassignment, etc.) which have been taken prior to applying for disability retirement. If you need more information, contact your employing office.

The forms in this package, combined with documentation which may already be on file concerning the other measures referred to above, will be adequate in many cases to provide enough information for the Civil Service Retirement System (CSRS) to make a disability determination. However, you are urged to review the eligibility information explained below and in SF 2801, and to submit any additional documentation which you believe will help to substantiate your claim.

The information being provided is based on current law and regulation, which are subject to change. Particular caution is urged with regard to the information on **Duration of Annuity**. Changes which could affect you might occur even after your retirement. The information and forms are current as of May 1, 1983.

This package contains the following forms:

- OPM Form 1503 — Applicant's Statement of Disability
- OPM Form 1504 — Supervisor's Statement
- OPM Form 1505 — Agency Certification of Reassignment and Accommodation Efforts
- OPM Form 1506 — Physician's Statement
- OPM Form 1507 — Disability Retirement Application Checklist

These forms should be completed as instructed below and on the forms themselves, and should be returned to your employing agency with your completed SF 2801, Application for Immediate Retirement. (Your agency will tell you where and how to return them.)

REPRODUCE LOCALLY

IT IS YOUR RESPONSIBILITY, AS THE APPLICANT, TO OBTAIN AND SUBMIT DOCUMENTATION WHICH IS SUFFICIENT FOR THE CSRS TO DETERMINE WHETHER THERE IS A SERVICE DEFICIENCY, CAUSED BY DISEASE OR INJURY, OF SUFFICIENT DEGREE TO PRECLUDE USEFUL AND EFFICIENT SERVICE, OR A MEDICAL CONDITION WHICH WARRANTS RESTRICTION FROM CRITICAL TASKS OR DUTIES OF YOUR JOB.

Special Instructions for Employees Who Have Been Separated from Federal Service for More Than 31 Days

Your application for disability retirement must be received by the CSRS within one year after the date of your separation (see item 5 under "Eligibility"). Your former employing agency may no longer have your personnel records and may not be able to recover them in time to process your disability retirement application and submit it to the CSRS within the one year time limit. Therefore, you should submit your application directly to CSRS rather than to your agency. The address is the Office of Personnel Management, Civil Service Retirement System, Employee Records and Service Center, Boyers, Pennsylvania 16017. Ask your former supervisor and employing office to complete OPM Forms 1504, 1505 and 1507 and provide them to you to send directly to CSRS. If you think you will not have the completed package in time, send CSRS the completed SF 2801, OPM Form 1503, and the medical documentation described in OPM Form 1506, along with the name, address and telephone number of the person(s) you have asked to provide you with the remaining forms.

Eligibility

You must meet all of the following conditions to be eligible for disability retirement:

1. You must be serving in a position subject to the Civil Service Retirement System.
2. You must have completed at least 5 years of Federal civilian service which is creditable under CSRS.
3. You must, while employed in a position subject to the retirement system, have become disabled, because of disease or injury, for useful and efficient service in your current position. (Useful and efficient service means fully successful performance of the critical or essential elements of the position—or the ability to perform at that level, and satisfactory conduct and attendance.)
4. Your agency must certify that it is unable to accommodate to your disabling medical condition in your present position or in a vacant position in the same agency at the same grade or pay level, within the same commuting area, for which you are qualified for reassignment. (An employee of the postal service is considered not qualified for reassignment if the reassignment is to a position in a different craft or is inconsistent with the terms of a collective bargaining agreement covering the employee.)
5. You, or your guardian or other interested person, must apply before your separation from service, or within one year thereafter. This time limit can only be waived in certain instances involving incompetence.

Note: If you are a National Guard Technician being separated from your position because of a disability that disqualifies you from membership in the National Guard or from holding the military grade required for your employment, special provisions may apply to you. Contact your employing agency for the necessary information.

Documentation Requirements

Each disability claim is examined with particular attention to the following considerations, in order to determine whether the application is allowable under current law and regulation. The disability retirement application must contain documentation that specifically demonstrates:

Attachment 2 to FPM Ltr. 831-78 (3)

nulty. Any annuitant, including one who is 60 or older, can request reevaluation for recovery.

RESTORATION OF EARNING CAPACITY

Earning capacity is considered restored if, in any calendar year after 1982, the annuitant's income from wages or self-employment, or both, is at least 80% of the current salary for the position from which he or she retired. Even if there is no change in medical condition, restoration of earning capacity will result in termination of annuity.

FURTHER ANNUITY AFTER DISABILITY ANNUITY TERMINATES

An individual who has recovered or whose earning capacity is restored and who is not reemployed by the Federal government is considered involuntarily separated, for purpose of annuity eligibility, as of the date disability annuity stops. His or her further retirement rights are based on the law in effect on the date annuity stops.

A disability annuity may be reinstated if: (1) the annuity was terminated based on recovery, and the individual, before reaching age 62, again becomes disabled because of the recurrence of the medical condition for which he or she originally retired, or (2) the annuity was terminated based on restoration to earning capacity and the individual, before reaching age 62, earns less than 80% of the current pay of the position from which he or she retired during a calendar year and is still disabled. If granted a non-disability annuity in the meantime, the annuitant may elect to retain it instead of the reinstated disability annuity.

Instructions

All applicable forms (see list under **Introduction**) should be completed as instructed below and on the forms, and returned to your employing agency, along with any additional documentation you wish to have considered. Your employing agency will add documentation already on file, and review all of the available information to determine whether any reasonable accommodation can be made, including reassignment, to permit you to continue working. If your agency determines that this is not possible, it will make certification of that determination, assemble all relevant forms and documents, and submit the entire package to CSRS. (NOTE: If you have been separated from Federal service for more than 31 days, see "Special Instructions for Employees Who Have Been Separated for More than 31 Days" on page 1.)

DO NOT SEND ANYTHING DIRECTLY TO THE CIVIL SERVICE RETIREMENT SYSTEM, OFFICE OF PERSONNEL MANAGEMENT, UNLESS SPECIFICALLY INSTRUCTED TO DO SO.

OPM FORM 1503 — APPLICANT'S STATEMENT OF DISABILITY

Complete the form according to the instructions below and give it to your supervisor. The form authorizes your supervisor to provide information about your performance, conduct and attendance.

- Item 1: Print or type your name clearly.
- Item 2: Give your date of birth, showing the month, then the day, then the year. CSRS records are filed by name and date of birth.
- Item 3: Enter your social security number. It is required for identification purposes.
- Item 4: Describe how you are deficient in your job with respect to performance, attendance or conduct.
- Item 5: Describe your medical condition(s) (i.e. disease or injury) and explain how it interferes with performance of your duties. List the critical or essential elements of your position and explain why you cannot perform some or all of them. This information will help CSRS to determine if the documentation you have submitted is sufficient.

REPRODUCE LOCALLY

- Item 6: Describe any other restrictions on your activities imposed by your medical condition(s) (i.e. disease or injury) which you believe should be considered in determining your ability to perform in other positions in your agency for which you may otherwise be qualified. This will be used in determining whether or not you could perform useful and efficient service if reassigned to another position.
- Item 7: Identify any efforts which have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position.
- Item 8: Give the approximate date when you became disabled for performance of your position (i.e. the approximate date when your performance ceased being useful and efficient because of the medical condition(s) described in Item 1).
- Item 9: If you have been hospitalized for the medical condition(s) described in Item 1, check the "yes" box. If you have not been hospitalized for this medical condition, check the "no" box.
- Item 10: List the physician(s) from whom you are requesting, or have requested, a Physician's Statement (OPM Form 1506). This helps to assure that CSRS has received all of the documentation which you obtain.
- Item 11: After reviewing the form, your answers, the warning and certification statement, sign (do not print) your full name in the signature block, enter the date on which you are signing the form, and give the telephone number at which you can be reached during office hours. Furnishing your telephone number will make it possible for us to contact you quickly if additional information or clarification is needed.

OPM FORM 1504 — SUPERVISOR'S STATEMENT

Give this form to your supervisor, with your Applicant's Statement of Disability. Your supervisor will complete the form to furnish and certify information concerning your performance, attendance, and conduct and about any attempts made by the supervisor to accommodate you.

This information will be used to determine whether or not your service is, or could be, useful and efficient. Any deficiencies in service will be considered in conjunction with medical documentation submitted, in order to determine whether or not the service deficiencies were, or could have been, caused by the medical condition(s) documented, and whether or not reasonable accommodation could make it possible for your service to become useful and efficient.

Instructions and guidelines for use by your supervisor in completing and certifying these sections are on the back of the form.

After completion, your supervisor will give you a copy of the form. If you disagree with any statement made by your supervisor on the form, this should be reconciled with your supervisor and/or your employing office.

OPM FORM 1505 — AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS

This form is to be completed by your employing agency's Coordinator for Employment of the Handicapped, or other authorized agency official. Your agency must give you a copy of the completed form. The purpose of this form is to insure that all reasonable efforts are made to accommodate to your medical condition or reassign you before you resort to applying for disability retirement, and to obtain agency certification concerning its efforts in this direction. Your agency's obligation to reassign you, if possible, does not cease when this certification is made.

Instructions for use by your agency are on the back of the form.



APPLICANT'S STATEMENT OF DISABILITY
In Connection With Disability Retirement Under the Civil Service Retirement System

1. Name of applicant (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
--	----------------------------------	---------------------------

4. Describe how you are deficient in your job in respect to performance, attendance, or conduct

5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.

6. Describe any other restrictions of your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform in other positions in your agency for which you may otherwise be qualified.

7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position or another position?

8. Give the approximate date you became disabled for performance of your position (mo., yr.)

9. Have you been hospitalized for your medical condition(s) (i.e. disease or injury) as described in item 5?

☐ Yes

☐ No

10. List physician(s) from whom you plan to request Physician's Statement (OPM Form 1506)

11. **Certification and Consent by Applicant:**

I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e. disease or injury) to authorized agency and OPM officials.

WARNING

Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Signature (Do not print)

Date

Telephone number during office hours

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to

obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.

**SUPERVISOR'S STATEMENT**

In Connection With Disability Retirement Under the Civil Service Retirement System

Section A—Applicant Identification

1. Name (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
-------------------------------	----------------------------------	---------------------------

Section B—Information About Employee's Performance (See Supervisor's Guidelines on back)

1. Title of current position (attach a copy of position description and current performance standards and, if available, latest performance evaluation)	2. Job series, grade and step / /	3. Date of entry into current position (mo., day, yr.)
4. Is employee unable to perform or is performance less than fully successful with regard to any critical element of current position?	<input type="checkbox"/> Yes ► Complete items B5-B7 <input type="checkbox"/> No ► Go to Section C	
5. Approximate date unacceptable performance or inability to perform began (mo., yr.)	6. Has employee received, after the date in item 5, a within-grade step or merit pay increase or an award based on performance of a critical element of the position? <input type="checkbox"/> Yes → Dates of performance on which increase or award was based <input type="checkbox"/> No	6a. Was within-grade increase granted under 5 CFR 531.409(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Identify critical element(s) of the position which employee does not perform successfully or at all. If performance is not fully successful, explain how. Attach supporting documentation such as notice to employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.		

Section C—Information About Employee's Attendance (See Supervisor's Guidelines on back)

1. Has employee's attendance stopped for apparent medical reasons?	<input type="checkbox"/> Yes → 1a. How long is absence expected to continue (if known)? <input type="checkbox"/> No			
2. Is employee's attendance unacceptable for continuing in current position?	<input type="checkbox"/> Yes ► Complete items C3-C5 <input type="checkbox"/> No ► Go to Section D			
3. Approximate date attendance stopped or became unacceptable (mo., yr.)				
4. Explain impact of employee's absence on your work operations.				
5. How many hours of leave has employee used since date in Item C3 for apparent medical reasons? (Attach an explanation of why you approved leave and copies of medical information on which you based your decision to approve leave, leave records, records of contact with or notices to employee. Include as much information as possible about specific reasons for leave use.)				
ENTER LEAVE HOURS USED	Annual Sick LWOP <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>			

Section D—Information About Employee's Conduct (See Supervisor's Guidelines on back)

1. Is employee's conduct unsatisfactory?	<input type="checkbox"/> Yes ► Complete items D2-D3 <input type="checkbox"/> No ► Go to Section E	2. Approximate date conduct became deficient (mo., yr.)
3. Describe how conduct is unsatisfactory (attach supporting documentation, such as notices to employee of proposed adverse actions)		

Section E—Accommodations (See Supervisor's Guidelines on back)

1. What efforts have you made to accommodate employee?
--

Section F—Supervisor's Certification

How long have you supervised employee? Years Months	Supervisor's telephone number (including area code)	Supervisor's office mailing address
I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.		
Supervisor's signature	Date	
Supervisor's name (typed)		



SUPERVISOR'S STATEMENT

In Connection With Disability Retirement Under the Civil Service Retirement System

Section A—Applicant Identification

1. Name (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
-------------------------------	----------------------------------	---------------------------

Section B—Information About Employee's Performance (See Supervisor's Guidelines on back)

1. Title of current position (attach a copy of position description and current performance standards and, if available, latest performance evaluation)	2. Job series, grade and step / /	3. Date of entry into current position (mo., day, yr.)
4. Is employee unable to perform or is performance less than fully successful with regard to any critical element of current position?	<input type="checkbox"/> Yes ► Complete items B5-B7 <input type="checkbox"/> No ► Go to Section C	
5. Approximate date unacceptable performance or inability to perform began (mo., yr.)	6. Has employee received, after the date in Item 5, a within-grade step or merit pay increase or an award based on performance of a critical element of the position? <input type="checkbox"/> Yes —→ Dates of performance on which increase or award was based <input type="checkbox"/> No	6a. Was within-grade increase granted under 5 CFR 531.409(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Identify critical element(s) of the position which employee does not perform successfully or at all. If performance is not fully successful, explain how. Attach supporting documentation such as notice to employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.		

Section C—Information About Employee's Attendance (See Supervisor's Guidelines on back)

1. Has employee's attendance stopped for apparent medical reasons?	<input type="checkbox"/> Yes —→ <input type="checkbox"/> No	1a. How long is absence expected to continue (if known)?
2. Is employee's attendance unacceptable for continuing in current position?	<input type="checkbox"/> Yes ► Complete items C3-C5 <input type="checkbox"/> No ► Go to Section D	3. Approximate date attendance stopped or became unacceptable (mo., yr.)
4. Explain impact of employee's absence on your work operations.		
5. How many hours of leave has employee used since date in Item C3 for apparent medical reasons? (Attach an explanation of why you approved leave and copies of medical information on which you based your decision to approve leave, leave records, records of contact with or notices to employee. Include as much information as possible about specific reasons for leave use.)		
ENTER LEAVE HOURS USED	Annual	Sick LWOP

Section D—Information About Employee's Conduct (See Supervisor's Guidelines on back)

1. Is employee's conduct unsatisfactory?	<input type="checkbox"/> Yes ► Complete items D2-D3 <input type="checkbox"/> No ► Go to Section E	2. Approximate date conduct became deficient (mo., yr.)
3. Describe how conduct is unsatisfactory (attach supporting documentation, such as notices to employee of proposed adverse actions)		

Section E—Accommodations (See Supervisor's Guidelines on back)

1. What efforts have you made to accommodate employee?
--

Section F—Supervisor's Certification

How long have you supervised employee?	Supervisor's telephone number (including area code)	Supervisor's office mailing address
Years Months		
I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.		
Supervisor's signature	Date	
Supervisor's name (typed)		

**PHYSICIAN'S STATEMENT**

In Connection With Disability Retirement Under the Civil Service Retirement System

Section A—Identifying Information and Consent (to be completed by applicant)

1 Applicant's name (Last, first, middle)	2 Date of birth (mo., day, yr.)	3 Social Security Number
<p align="center">PRIVACY ACT STATEMENT</p> <p>Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.</p>		
Address to Which Physician Sends Statement →	4. Enter exact name and address (including ZIP Code) of your employing agency.	
Applicant's Consent to Release Medical Information	5. I authorize the release to the Civil Service Retirement System and my employing office of any and all information or records connected with my disease or injury.	
	Signature (do not print)	Date

Section B—Medical Documentation (to be completed by physician)**INSTRUCTIONS**

The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Civil Service Retirement System. It may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.

- The applicant is responsible for any costs incurred in connection with providing this documentation.
- A new medical examination is not necessary if you can provide current information from your records.
- Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to **every** item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above.
- Enclose your report and any attachments in a sealed envelope marked "Disability—Privileged—Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office.
- Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number.

MEDICAL DOCUMENTATION REQUIREMENTS
YOU MUST PROVIDE THE FOLLOWING INFORMATION:

1. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment.

2. Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination, results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests.

3. Assessment of the current clinical status and plans for future treatment.

4. Diagnosis.

5. An estimate of the expected date of full or partial recovery.

6. An explanation of the impact of the medical condition on life activities both on and off the job.

7. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.

8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusion.

9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion.

10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have imposed any work-related restrictions or recommended accommodation, explain the therapeutic or risk-avoiding value of the restrictions and whether or not you have imposed any similar restrictions on non-work-related activities.



PHYSICIAN'S STATEMENT

In Connection With Disability Retirement Under the Civil Service Retirement System

Section A—Identifying Information and Consent (to be completed by applicant)

1. Applicant's name (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits</p> </div> <div style="width: 48%;"> <p>under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.</p> </div> </div>		
Address to Which Physician Sends Statement →	4. Enter exact name and address (including ZIP Code) of your employing agency	
Applicant's Consent to Release Medical Information	5. I authorize the release to the Civil Service Retirement System and my employing office of any and all information or records connected with my disease or injury <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> Signature (do not print) Date </div>	

Section B—Medical Documentation (to be completed by physician)

INSTRUCTIONS

The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Civil Service Retirement System. It may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.

- The applicant is responsible for any costs incurred in connection with providing this documentation.
- A new medical examination is not necessary if you can provide current information from your records.
- Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to **every** item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above.
- Enclose your report and any attachments in a sealed envelope marked "Disability—Privileged—Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing office.
- Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number.

MEDICAL DOCUMENTATION REQUIREMENTS

YOU MUST PROVIDE THE FOLLOWING INFORMATION:

1. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment.

2. Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: findings of physical examination, results of laboratory tests, x-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests.
3. Assessment of the current clinical status and plans for future treatment.
4. Diagnosis.
5. An estimate of the expected date of full or partial recovery.
6. An explanation of the impact of the medical condition on life activities both on and off the job.
7. Assessment of the degree to which the medical condition has or has not become static or well stabilized and an explanation of the medical basis for the conclusion.
8. The likelihood that the individual will suffer sudden or subtle incapacitation associated with the medical condition. Explain the medical basis for your conclusion.
9. The probability that the individual will suffer injury or harm if he or she is not restricted or accommodated. Explain the medical basis for your conclusion.
10. The medical basis for your decision to recommend or not to recommend restrictions that prohibit the individual from attending work altogether or performing specific duties of the position. If you have imposed any work-related restrictions or recommended accommodation, explain the therapeutic or risk-avoiding value of the restrictions and whether or not you have imposed any similar restrictions on non-work-related activities.

SEE REVERSE



AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS **In Connection With Disability Retirement Under the Civil Service Retirement System**

To be completed by Coordinator for Employment of the Handicapped or other authorized agency official. See instructions on back of form.

1. Name of applicant (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
--	----------------------------------	---------------------------

4. Has reasonable effort for accommodation been made?

- ☐ No, accommodation is not an option. (Specify in the space below the functional/environmental factors related to the employee's inability to perform fully successfully and explain why accommodation is not possible.)
- ☐ No, accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition.
- ☐ Yes: Describe below accommodation efforts and attach supporting documentation.

5. Results of agency reassignment efforts (check one of the following statements)

- ☐ Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work altogether.
- ☐ Reassignment is not possible because there are no vacant positions at this agency at the same grade or pay level and tenure, within the same commuting area for which the employee meets minimum qualification standards.
- ☐ The employee was not reassigned to the vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-reassignment are shown below.

Position Title

Reason for Non-Reassignment or Non-Selection*

*If the employee's medical condition precludes reassignment to the position, attach documentation.
 If the reason for non-selection is intended removal, attach a copy of the removal notice to the employee.

CERTIFICATION BY COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED OR OTHER AUTHORIZED AGENCY OFFICIAL:
 I CERTIFY that this statement is true to the best of my knowledge and belief.

8. Signature of responsible agency official	9. Date	10. Telephone number (including area code)
11. Typed name of responsible agency official	12. Title of responsible agency official	



AGENCY CERTIFICATION OF REASSIGNMENT AND ACCOMMODATION EFFORTS
In Connection With Disability Retirement Under the Civil Service Retirement System

To be completed by Coordinator for Employment of the Handicapped or other authorized agency official. See instructions on back of form.

1. Name of applicant (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
--	----------------------------------	---------------------------

4. Has reasonable effort for accommodation been made?

- ☐ No, accommodation is not an option. (Specify in the space below the functional/environmental factors related to the employee's inability to perform fully successfully and explain why accommodation is not possible.)
- ☐ No, accommodation is not appropriate. Medical information presented to agency does not document a disabling medical condition.
- ☐ Yes: Describe below accommodation efforts and attach supporting documentation.

5. Results of agency reassignment efforts (check one of the following statements)

- ☐ Reassignment is not necessary because employee's service is fully successful and there are no medical restrictions from performing critical duties or from attending work altogether.
- ☐ Reassignment is not possible because there are no vacant positions at this agency at the same grade or pay level and tenure, within the same commuting area for which the employee meets minimum qualification standards.
- ☐ The employee was not reassigned to the vacant position(s) in this agency at the same grade or pay level and tenure, within the same commuting area for which employee meets minimum qualifications. The position(s) identified and reason(s) for non-reassignment are shown below.

Position Title

Reason for Non-Reassignment or Non-Selection*

*If the employee's medical condition precludes reassignment to the position, attach documentation.
If the reason for non-selection is intended removal, attach a copy of the removal notice to the employee.

CERTIFICATION BY COORDINATOR FOR EMPLOYMENT OF THE HANDICAPPED OR OTHER AUTHORIZED AGENCY OFFICIAL:
I CERTIFY that this statement is true to the best of my knowledge and belief.

8. Signature of responsible agency official	9. Date	10. Telephone number (including area code)
11. Typed name of responsible agency official	12. Title of responsible agency official	



DISABILITY RETIREMENT APPLICATION CHECKLIST In Connection With Disability Retirement Under the Civil Service Retirement System

To Be Completed by Employing Office

1. Applicant's name (Last, first, middle)		2 Date of birth (mo., day, yr.)		3 Social Security Number	
4. Will employee remain in duty status? <input type="checkbox"/> Yes <input type="checkbox"/> No: Give _____ →					
4a Date pay stopped or will stop _____					
5. Has employee ever received or made application for compensation from the Veterans Administration? <input type="checkbox"/> Yes: Give _____ →					
5a Claim number _____		5b Period for which compensation was received From (mo., day, yr.) _____		To (mo., day, yr.) _____	
<input type="checkbox"/> No					
6. Are the following documents attached? (Indicate by "X" for each)				Yes	No
a. OPM Form 1503, Applicant's Statement of Disability					
b. OPM Form 1504, Supervisor's Statement					
• Employee's Performance Standards					
• Employee's Position Description					
• Supporting Documentation Regarding Employee's Performance					
• Supporting Documentation Regarding Employee's Leave Use					
• Supporting Documentation Regarding Employee's Conduct					
c. OPM Form 1505, Agency Certification of Reassignment and Accommodation Efforts					
• Supporting Documentation of Agency's Accommodation Efforts					
• Supporting Documentation of Employee's Non-Selection or Reassignment					
d. OPM Form 1506, Physician's Statement (or equivalent)					
e. Agency report of Federal Medical Examination (if one was made)					
7. On Supervisor's Statement (OPM Form 1504) is Section B, item 4, answered "Yes"? <input type="checkbox"/> No <input type="checkbox"/> Yes: Attach (1) A copy of the employee's performance appraisal covering employee's service prior to the date shown in Section B, item 5, of the Supervisor's Statement. AND (2) A copy of the performance appraisal covering service after that date, if available					
8. If employee is temporarily at an address other than the one given on SF 2801, Section A (such as hospital, nursing home, or with a relative), enter address, including ZIP Code			9. If employee is unable to act on his or her own behalf, give name and address of person acting for him or her		
10. List any documents attached which are not listed in item 6 above, or other information regarding this applicant					

Agency Certification

11. Is SF 2801, Application for Immediate Retirement, attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		13e. Full agency name and address (including ZIP Code)	
12. Do available records show that the above named employee, member of the Civil Service Retirement System, has at least 5 years of civilian service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. I CERTIFY that the information shown above accurately reflects verified information in official records.			
13a. Signature of Chief Personnel Officer or Designee		14. Agency office to be notified of Civil Service Retirement System's determination (include specific official to receive notice and telephone number, including area code)	
13b. Official Title			
13c. Telephone number (including area code)			
13d. Date		<input type="checkbox"/> Check here if address is same as 13e.	

DOCUMENTATION OF PERSONEL ACTIONS (SFs 50/50-B) WHEN AN EMPLOYEE WHO IS DISABLED FOR SERVICE IN HIS/HER CURRENT POSITION IS PLACED IN ANOTHER POSITION

1. Follow the instructions below to select the Nature of Action Code (NOAC) and the Nature of Action (NOA) for reassignment actions:

a. In the Competitive Civil Service:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	N2M and GAM	Reg. 335.102 and FPM Supp. 831-1, S-10

b. Under the Career Executive Assignment System:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	H4M and GAM	Reg. 305.505 and FPM Supp. 831-1, S-10

c. Under the NonCareer Executive Assignment System:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	JYM and GAM	Reg. 305.601 and FPM Supp. 831-1, S-10

d. Of an Employee Serving on an SES Career Appointment:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	V5M and GAM	5 USC 3395(a)(1)(A) and FPM Supp. 831-1, S-10

e. Of an Employee Serving on an SES NonCareer Appointment:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	V9M and GAM	5 USC 3395(d)(1) and FPM Supp. 831-1, S-10

f. Of a non-U.S. Citizen Who Is Serving Overseas in the Excepted Service Under CS Rule 8.3:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	BPM and GAM	CS Rule 8.3 and FPM Supp. 831-1, S-10

g. Of an Employee Service Under the Panama Canal Employment System on a CA Career-Conditional or CA Career Appointment:

<u>NOAC</u>	<u>NOA</u>	<u>Authority Code</u>	<u>Authority</u>
721	Reassignment	TVK and GAM	35 CFR 253.46 and FPM Supp. 831-1, S-10